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Assessment of Occupational Safety and Health Practices in a Provincial Local Governmenf Office

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Abstract

Occupational Safety and Health (OSH) compliance in the public sector is often assessed through the presence of policies, safety programs, and workplace facilities. Less attention is given to whether these formal requirements are consistently understood, documented, and embedded in daily administrative and operational practice. This study assessed OSH practices in the Provincial Government of Camarines Sur - General Services Office (PGSO) and examined the challenges that shape their implementation. An explanatory sequential mixed-methods research design was used. The quantitative phase surveyed 102 employees from a population of 136 using a 30-item, four-point Likert questionnaire covering six OSH constructs: policy and organizational support, workplace safety and risk control, training and awareness, provision and utilization of personal protective equipment, incident reporting and emergency preparedness, and health and welfare facilities. Descriptive statistics were used to determine compliance levels. The questionnaire obtained an overall Cronbach's alpha of 0.93, indicating excellent internal consistency The qualitative phase involved structured interviews with six purposively selected participants, and responses were analyzed thematically to explain the survey patterns. Results showed generally High compliance across all constructs, with mean scores ranging from 3.08 to 3.35. Health and welfare facilities obtained the highest mean (3.35), while incident reporting and emergency preparedness obtained the lowest mean (3.08). The strongest indicators were basic medical assistance and access to clean drinking water, while the weakest concerns involved written policy accessibility, incident reporting, recordkeeping, job-based PPE issuance, and mental health program visibility. Qualitative findings revealed that OSH practices were present but not uniformly institutionalized; several practices depended on verbal reminders, visible routines, or situational action rather than a fully documented and commonly understood safety system. The study concludes that PGSO demonstrates reported compliance with national OSH standards, but deeper institutionalization is needed through stronger policy dissemination, practical training, PPE management, incident documentation, monitoring, and employee welfare integration.

Keywords: *occupational safety and health; local government; public administration; mixed-methods research; compliance; workplace safety*

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1. INTRODUCTION

Occupational Safety and Health is a central concern of public administration because it affects the welfare of employees, the continuity of public service, and the institutional capacity of government offices to manage risk. In government settings, workplace safety is not merely a technical requirement. It is also a governance responsibility, since unsafe working conditions can weaken employee morale, disrupt operations, and reduce the reliability of public services. A local government office that protects its workers demonstrates not only legal compliance but also administrative accountability and respect for public sector labor.

In the Philippines, OSH obligations are supported by Republic Act No. 11058, the Department of Labor and Employment Occupational Safety and Health Standards, DOLE Department Order No. 198-18, and relevant Civil Service Commission, Department of Health, and DOLE issuances for the public sector. These instruments require employers and public agencies to provide safe working conditions, OSH programs, safety personnel or committees, worker information and training, emergency preparedness, and proper reporting mechanisms. However, the existence of these regulatory standards does not automatically guarantee strong implementation. A government office may appear compliant because policies, equipment, or safety activities exist, yet actual practice may remain uneven when employees have limited access to written policies, do not regularly participate in training, or are uncertain about reporting procedures.

This problem is especially relevant to the Provincial Government of Camarines Sur - General Services Office. The PGSO performs a range of administrative and operational functions, including procurement, property and asset management, logistical support, building and facility maintenance, and coordination with different work units. These responsibilities expose employees not only to office-based risks but also to operational risks associated with field support, materials handling, facility-related tasks, equipment use, emergency response, and employee welfare conditions. Because the office performs both administrative and support-service functions, it provides an appropriate setting for examining how OSH standards are translated into daily public sector practice.

The available literature generally emphasizes the importance of leadership commitment, safety communication, employee participation, training, hazard control, PPE management, incident reporting, and welfare facilities. However, much of the empirical attention on OSH has been directed toward private industry, construction, manufacturing, health facilities, or broad institutional settings. Comparatively less attention has been given to provincial local government offices, particularly offices that combine administrative and operational responsibilities. This creates a research gap at the level of office-based public administration: the need to understand not only whether OSH requirements are present, but whether these requirements are visible, accessible, understood, documented, and sustained in the workplace.

The present study addressed this gap by assessing the level of compliance of PGSO OSH practices with national regulatory standards and by identifying the primary challenges in

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implementing effective OSH measures. Its central argument is that reported compliance must be interpreted carefully. High mean scores may indicate the presence of safety practices, but they may also conceal weaknesses in institutionalization, particularly in policy accessibility, practical readiness, reporting culture, documentation, and mental health support. For this reason, the study used an explanatory sequential mixed-methods design to combine numerical compliance ratings with qualitative explanations from employees who experience OSH practices in daily office operations.

1.1 Research Question

This study aimed to improve the Occupational Safety and Health Program of the Provincial General Services Office. Specifically, it sought to answer the following questions:

1. What was the level of compliance of the office's Occupational Safety and Health practices with national regulatory standards?
2. What were the primary challenges in implementing effective Occupational Safety and Health measures?

1.2 Theoretical Framework

This study was guided by three theories: Systems Theory, the Health Belief Model, and Heinrich's Domino Theory of Accident Causation. These theories were used together because OSH in a public office is shaped by the way the office is organized, the way employees understand risk, and the way unsafe acts or unsafe conditions are prevented before they cause harm.

Systems Theory views an office as a set of connected parts. In this study, OSH compliance depended on the link among management support, policy communication, training, PPE, monitoring, reporting, and welfare support. A weakness in one part of the system can affect the whole safety program. For example, a written policy may exist, but if it is not visible or explained, employees may still depend only on verbal reminders or routine practice.

The Health Belief Model helped explain the behavior side of OSH. Employees are more likely to follow safety practices when they understand the risk, believe that safe action is useful, and know what steps to take. This theory supported the analysis of employee awareness, training participation, PPE use, disaster preparedness, and daily safety behavior.

Heinrich's Domino Theory of Accident Causation helped explain the prevention side of the study. It suggests that accidents often result from a chain of unsafe conditions and unsafe acts. If one part of the chain is removed through training, inspection, PPE, reporting, or corrective action, harm may be prevented. This theory was especially useful in examining workplace risk control, incident reporting, emergency preparedness, and the value of learning from near misses.

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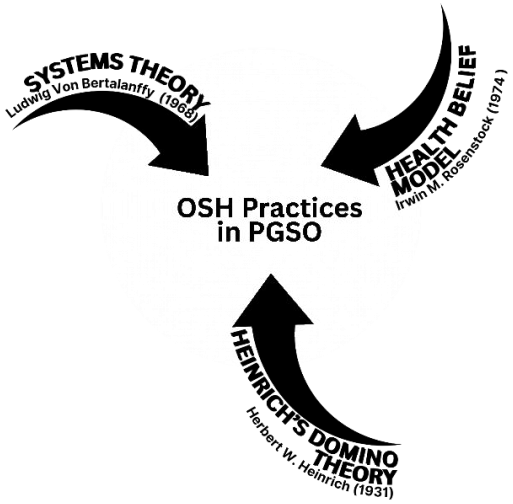
Figure 1.

Theoretical Paradigm



1.3 Conceptual Framework

The conceptual framework treated OSH compliance as the main outcome of the study. This compliance was examined through six constructs: OSH Policy and Organizational Support; Workplace Safety and Risk Control; Training and Awareness Programs; Provision and Utilization of Personal Protective Equipment; Incident Reporting and Emergency Preparedness; and Health and Welfare Facilities. These constructs were measured through employee survey ratings and were later explained through interview findings.

Each construct represented a key part of the OSH system. OSH Policy and Organizational Support focused on written policy, leadership support, communication, budget, and the role of the Safety Officer or OSH Committee. Workplace Safety and Risk Control focused on inspections, clear walkways, equipment safety, lighting, ventilation, and other controls that reduce hazards. Training and Awareness Programs focused on how employees learn, remember, and apply safety procedures. Provision and Utilization of PPE focused on the availability, proper use, replacement, and job-based suitability of protective equipment. Incident Reporting and Emergency Preparedness focused on emergency response, drills, evacuation routes, near-miss reporting, and incident records. Health and Welfare Facilities focused on medical assistance, drinking water, sanitation, rest areas, and mental health support.

In this framework, challenges were treated as conditions that could affect the depth of OSH implementation. These included weak policy visibility, uneven training participation, limited practical readiness, incomplete PPE matching, weak incident documentation, and less visible mental health support. The framework therefore allowed the study to look beyond general compliance scores and examine whether OSH practices were clear, understood, documented, and sustained in actual office work.

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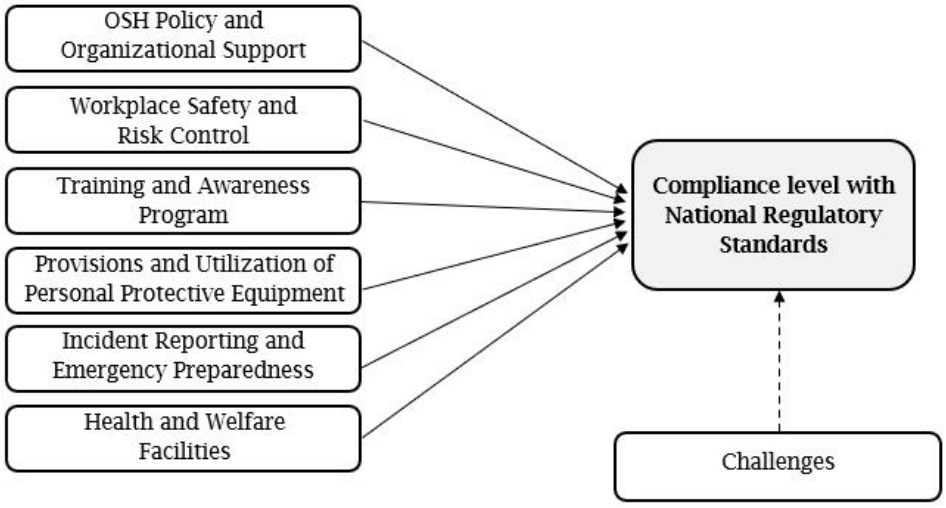
Figure 2.

Conceptual Paradigm



1.4 Assumption of the Study

The study was based on the following assumptions:

1. The Provincial Government of Camarines Sur – General Services Office has existing Occupational Safety and Health practices that can be examined in relation to national regulatory standards.
2. The implementation of Occupational Safety and Health measures in the PGSO may be affected by various factors such as available resources, employee awareness, level of compliance, and enforcement of existing policies.

1.5 Hypothesis of the Study

This study assessed the compliance of the Occupational Safety and Health practices of the Provincial General Services Office with national regulatory standards. Since the study used an explanatory sequential mixed-methods design, the survey results were further explained through interviews with selected focal persons. With that, this study hypothesized that:

H1: Employees who have better access to and understanding of the written Occupational Safety and Health policy are more likely to show higher and more consistent compliance with OSH practices in terms of policy and organizational support, workplace safety and risk control, training and awareness programs, use of personal protective equipment, incident reporting and emergency preparedness, and health and welfare facilities.

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2. METHODOLOGY

2.1. Research Design

The study used an explanatory sequential mixed-methods research design. In this design, quantitative data are collected and analyzed first, followed by qualitative data that explain, extend, or clarify the quantitative results. The design was appropriate because the study needed to determine the level of OSH compliance using measurable indicators and then examine the actual workplace experiences behind the survey ratings.

The quantitative phase provided a structured assessment of compliance across six OSH constructs. The qualitative phase then examined how employees understood, experienced, and interpreted these practices in daily work. Integration occurred through comparison of the survey results, thematic findings, and a joint display matrix that identified whether qualitative data expanded or complemented the quantitative findings.

2.2. Respondents' Profile

The study was conducted in the Provincial Government of Camarines Sur - General Services Office. The study population consisted of 136 employees, including personnel assigned to administrative, technical, maintenance, logistics, and field-related functions. The quantitative phase included 102 employees selected through stratified random sampling to ensure representation across sections and job classifications.

Table 1. Summary Profile of Survey Respondents

Profile Variable	Largest Group	Frequency	Percentage
Age	21-30 years old	38	37.25%
Sex	Male	64	62.75%
Civil status	Married	56	54.90%
Educational attainment	College graduate	59	57.84%
Employment classification	Job order/contractual	81	79.41%

The qualitative phase included six purposively selected participants. They were chosen because of their work experience, familiarity with office operations, and ability to provide relevant explanations about OSH implementation. The purposive selection of interview participants supported the explanatory purpose of the second phase, which was not to generalize statistically but to deepen interpretation of the survey findings.

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2.3. Research Instruments, Validity, and Reliability

The quantitative instrument was a structured questionnaire checklist developed from national OSH standards and government issuances applicable to public offices. It contained 30 indicators grouped into six constructs. Each construct had five items. Responses were measured using a four-point Likert scale: 4 = Very High, 3 = High, 2 = Low, and 1 = Very Low. A four-point scale was used to avoid a neutral midpoint and to encourage respondents to make a clear assessment of each OSH practice.

The questionnaire and interview guide were reviewed for alignment with the study objectives and the relevant OSH standards. The reliability of the whole 30-item questionnaire was tested using Cronbach's alpha. The instrument obtained an overall Cronbach's alpha coefficient of 0.93, which indicates excellent internal consistency. This means that the items were highly related and reliable for measuring the overall level of OSH compliance in the PGSO.

Table 2. Reliability Result of the Occupational Safety and Health Compliance Questionnaire

Instrument	Number of Items	Cronbach's Alpha	Interpretation
Occupational Safety and Health Compliance Questionnaire	30	0.93	Excellent internal consistency

The qualitative instrument was a structured interview guide with open-ended questions. It asked participants about workplace safety conditions, common risks, safety training, PPE use, emergency response, incident reporting, welfare facilities, and suggested improvements. The interview guide was aligned with the same six OSH constructs used in the questionnaire.

2.4. Data Gathering and Ethical Procedures

Permission to conduct the study was secured from appropriate office authorities before data collection. The researcher coordinated with the office to minimize disruption to regular operations. Respondents were informed of the purpose of the study, the voluntary nature of participation, and the confidentiality of their responses. Survey questionnaires were distributed to the selected respondents, retrieved after completion, and prepared for coding and analysis.

After the quantitative results were analyzed, interviews were conducted with the selected participants. The interviews were scheduled at the participants' convenience and were conducted in a manner that allowed them to respond freely. Interview notes were organized and analyzed for recurring patterns. No participant was named in the manuscript, and results were reported in aggregated or anonymized form.

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2.5. Data Analysis and Integration

Quantitative data were analyzed using frequency count, percentage, mean score, standard deviation, and ranking. Mean scores were interpreted using the following scale: 3.50-4.00 = Very High; 2.50-3.49 = High; 1.50-2.49 = Low; and 1.00-1.49 = Very Low. Standard deviation was used to describe the degree of similarity or variation among respondent ratings. Ranking was used to identify relatively stronger and weaker indicators across the 30 items.

Qualitative data were analyzed thematically. Responses with similar meanings were grouped into themes that explained the conditions behind the quantitative results. The mixed-methods integration was conducted through a joint display matrix. This matrix connected each OSH construct with its quantitative result, qualitative theme, and integrated interpretation. This approach strengthened the analysis by showing where the interview findings clarified, complemented, or expanded the survey results.

3. RESULTS

3.1. Quantitative Findings: Level of Compliance with OSH Standards

The quantitative results showed that the PGSO had a generally High level of compliance with national OSH standards across the six constructs. The overall means ranged from 3.08 to 3.35. Health and Welfare Facilities obtained the highest mean (3.35), followed by Training and Awareness Programs (3.29), Provision and Utilization of PPE (3.25), Workplace Safety and Risk Control (3.16), OSH Policy and Organizational Support (3.09), and Incident Reporting and Emergency Preparedness (3.08). Although all constructs were interpreted as High, the relative ranking shows that the strongest areas were those most visible and directly experienced by employees, while the lowest areas involved formal systems, documentation, and reporting.

Table 3. Summary of OSH Compliance by Construct

OSH Construct	Mean	Interpretation	Key Meaning
OSH Policy and Organizational Support	3.09	High	Safety support exists, but written policy access is weak.
Workplace Safety and Risk Control	3.16	High	Basic safety controls are present and visible.
Training and Awareness Programs	3.29	High	Employees recognize training and emergency awareness activities.
Provision and Utilization of Personal Protective Equipment	3.25	High	PPE is generally used, but job-based issuance needs strengthening.
Incident Reporting and	3.08	High	Emergency response is stronger

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Emergency Preparedness			than reporting and recordkeeping.
Health and Welfare Facilities	3.35	High	Physical welfare services are strong, but mental health support is less visible.

Note. The key meanings briefly explain the main implication of each OSH construct based on its mean score.

Health and Welfare Facilities obtained the highest mean score of 3.35. This was mainly due to very high ratings in access to basic medical assistance and clean drinking water. Training and Awareness Programs followed with a mean score of 3.29. The PPE construct also received a high rating, with employees generally reporting that safety gear was worn when required. However, the findings also showed that the strongest areas were those that employees could easily see and use, such as medical assistance, drinking water, emergency equipment, clear walkways, and PPE.

The areas requiring closer attention were those that depended on documentation, formal policy access, reporting habits, and institutional follow-through. The written and accessible OSH policy received the lowest individual mean score of 2.47, interpreted as Low. Reporting of accidents and near misses received 2.76, while incident recordkeeping received 2.85. These findings show that the office was stronger in visible and routine safety practices than in written policy access, reporting culture, and documentation.

Table 4. Selected Quantitative Indicators Arranged from Highest to Lowest Mean Score

Indicator	Mean	Interpretation	Rank	Interpretive Note
Access to basic medical assistance	3.64	Very High	1	The most visible strength of employee welfare support.
Accessible clean drinking water	3.50	Very High	2	A basic welfare service that employees can easily observe and use.
Emergency equipment awareness	3.38	High	3.5	Employees generally know the location of emergency equipment.
Safety gear worn when required	3.38	High	3.5	PPE use is visible and commonly practiced.
Office maintains records of incidents	2.85	High	28	Recordkeeping needs a more consistent system and clearer accountability.

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Reporting of accidents and near misses	2.76	High	29	Reporting is present but needs a clearer routine and stronger employee guidance.
Written and accessible OSH policy	2.47	Low	30	The indicator requiring the strongest attention; policy is practiced but not easy to access.

Note. Selected indicators were included because they either received the strongest ratings or revealed important implementation gaps.

For the first research objective, each OSH construct was examined to determine how the office complied with national regulatory standards. The construct-level findings show that compliance was generally high, but the depth of implementation differed across areas. This means that some practices were clearly visible and regularly experienced by employees, while others needed stronger access, documentation, and follow-through.

OSH Policy and Organizational Support. This construct obtained an overall mean of 3.09, interpreted as High. The result shows that the office had management support, safety communication, staff meeting discussions, and an active Safety Officer or OSH Committee. However, the written and accessible OSH policy received the lowest individual rating of 2.47, interpreted as Low. This finding is important because it shows that employees may follow safety reminders and office routines even when the written policy is not easy to access. Thus, the office showed operational compliance, but policy visibility remained weak.

Workplace Safety and Risk Control. This construct obtained an overall mean of 3.16, interpreted as High. The office was rated positively in keeping walkways, stairways, and exits clear; providing safety locks for equipment; conducting inspections; and maintaining lighting and ventilation. These are practical safety measures that employees can observe in the workplace. Still, the lower score on policy communication suggests that physical safety controls should be supported by clearer explanations of the rules behind them.

Training and Awareness Programs. This construct obtained an overall mean of 3.29, interpreted as High. Employees were generally aware of emergency equipment, disaster procedures, and hazard identification. This means that training and safety reminders were present in the office. The ratings for refresher courses and regular safety updates were also High, although they were slightly lower than the ratings for emergency equipment awareness, hazard identification training, and disaster procedure awareness. This does not mean that training was weak. Rather, it shows that the office may further strengthen the continuity of training through regular refreshers, documented attendance, simple post-training checks, and practical demonstrations. Training becomes more effective when employees do not only know the rule, but can also apply it during actual work and emergency situations.

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Provision and Utilization of Personal Protective Equipment. This construct obtained an overall mean of 3.25, interpreted as High. Employees reported that safety gear was worn when required and that damaged PPE was replaced. However, job-based PPE issuance received the lowest score within the construct at 3.13. This means that PPE use was visible, but the office still needed to ensure that the equipment matched the actual task and risk of each employee. True PPE compliance requires proper availability, correct fit, task-based issuance, maintenance, and supervision.

Incident Reporting and Emergency Preparedness. This construct obtained an overall mean of 3.08, interpreted as High, but it was the lowest among the six constructs. Emergency response training, evacuation routes, assembly points, and drills were rated higher than incident reporting and recordkeeping. This shows that the office appeared more prepared to respond to emergencies than to document and learn from incidents afterward. For OSH compliance to be stronger, reporting accidents and near misses must be treated as part of prevention, not only as paperwork.

Health and Welfare Facilities. This construct obtained the highest overall mean of 3.35, interpreted as High. Access to basic medical assistance and clean drinking water received Very High ratings, showing that employees clearly recognized these welfare services. However, mental health consideration received the lowest score within the construct. This suggests that physical welfare support was stronger and more visible than psychological or emotional support. A complete OSH system should protect both the physical safety and the overall well-being of employees.

Overall, the first research objective showed that the PGSO had a generally high level of OSH compliance, but not all areas were equally strong. The most visible practices, such as medical assistance, drinking water, emergency equipment, PPE use, and clear walkways, received stronger ratings. The weaker areas were those that required documentation, policy access, formal reporting, and deeper employee understanding. This pattern supports the main finding that the office had existing OSH practices, but these still needed to be more institutionalized.

3.2. Quantitative findings: Primary Challenges in OSH Implementation

The thematic analysis revealed six major themes that explained the quantitative results. These themes show that the office has existing OSH practices, but several practices are not yet fully institutionalized. In particular, participants described dependence on informal reminders, uneven practical readiness, inconsistent participation in training, incomplete task-based PPE support, weak reporting of minor incidents, and limited visibility of mental health support.

Table 5. Qualitative Themes and Representative Statements

Theme	Representative Statement	Meaning
Bridging the gap: moving from informal reminders	"We are reminded about safety only when an incident	Safety communication is sometimes reactive and verbal

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to policy formalization	happens."	rather than written, regular, and accessible.
Visible safety measures, limited practical readiness	"I know that fire extinguishers and signs are available." / "Not everyone knows how to use them properly."	Safety tools are visible, but not all employees feel ready to use them.
From safety awareness to actual preparedness	"Not everyone attends safety briefings." / "People follow procedures only when reminded."	Training exists, but participation and safety habits are uneven.
PPE as shared responsibility	"PPE is available when needed." / "Some PPE are used depending on the task, but not all are always complete."	PPE compliance depends on both employee use and proper office supply, fit, and replacement.
Prepared to respond, but still learning to report	"Reports are usually made when the incident is serious."	Emergency response is clearer than incident reporting and near-miss documentation.
Beyond basic facilities	"We have drinking water and medical help when needed." / "Mental health is not often discussed in the office."	Physical welfare services are visible, while mental health support is less discussed.

Note. Extracts were selected because they most directly explain the lower or uneven quantitative indicators.

3.3. Integrated mixed-methods results

The joint display was used to connect the survey findings with the interview themes for each OSH construct. Its purpose was not only to place quantitative and qualitative data side by side, but to show what the ratings meant in actual office practice. The table shows that all six constructs were rated High, yet the interview results revealed that the strength of compliance differed according to policy access, practical readiness, employee participation, PPE suitability, reporting habits, and welfare visibility.

For OSH Policy and Organizational Support, the joint display explains why a High construct mean still contained a serious concern: the written and accessible OSH policy received a Low rating of 2.47, and the interviews showed that safety reminders were often verbal and given only when needed. For Workplace Safety and Risk Control, the High rating was supported by the visible presence of safety tools and signs, but the interviews clarified that some employees were

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not fully confident in using them. These findings show that visible compliance must be supported by clear written guidance and practical readiness.

For Training and Awareness Programs, the High rating was explained by the presence of safety briefings and awareness activities, but the interviews showed uneven attendance and reliance on reminders. For PPE, the survey showed High compliance, yet the interviews clarified that PPE was not always complete or fully matched to the task. For Incident Reporting and Emergency Preparedness, the table shows a clear difference between response readiness and reporting practice: employees were prepared for emergencies, but minor incidents and near misses were not always documented. For Health and Welfare Facilities, the High rating was supported by visible services such as drinking water and medical help, while the interviews showed that mental health support remained less discussed. The joint display therefore shows that the main issue was not the absence of OSH practices, but the uneven depth of implementation across the six constructs.

Table 6. Joint Display of Quantitative Results, Qualitative Findings, and Meta-Inference

Construct	Quantitative Result	Qualitative Finding	Integrated Meta-Inference
OSH Policy and Organizational Support	Mean = 3.09, High; written policy = 2.47, Low	Safety reminders are often verbal and given only when needed.	The office shows operational compliance, but policy visibility and written guidance need strengthening.
Workplace Safety and Risk Control	Mean = 3.16, High	Safety tools and signs are present, but not all employees are confident in using them.	Visible safety measures should be supported by hands-on practice and routine inspection.
Training and Awareness Programs	Mean = 3.29, High	Training occurs, but attendance and recall are uneven.	Training should build regular safety habits, not just one-time awareness.
Provision and Utilization of PPE	Mean = 3.25, High; job-based PPE = 3.13, High but lowest in construct	PPE is available, but not always complete or suited to the task.	PPE compliance should be based on correct, complete, job-matched protection.
Incident Reporting and Emergency Preparedness	Mean = 3.08, High; reporting = 2.76; recordkeeping = 2.85	Employees know how to respond, but minor incidents and near misses are not always	Emergency readiness is stronger than documentation; reporting must be treated as

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		reported.	prevention.
Health and Welfare Facilities	Mean = 3.35, High	Medical help and drinking water are visible; mental health is less discussed.	Employee welfare should include physical and mental well-being.

Note. Expansion indicates that qualitative findings revealed a broader issue not fully shown by the numerical rating. Complementarity indicates that qualitative findings added practical detail to the survey result.

The integrated results show three important patterns. First, the strongest areas of OSH implementation were the practices that employees could easily see, use, or experience, such as medical assistance, clean drinking water, emergency equipment awareness, PPE use, and clear walkways. Second, the weaker areas were the practices that required formal systems, such as written policy access, incident reporting, recordkeeping, job-based PPE matching, regular monitoring, and mental health support. Third, several forms of compliance appeared to depend on reminders, routine, or visible tools rather than on a fully institutionalized OSH system. This explains why the office could receive generally High ratings while still needing stronger documentation, clearer communication, and more consistent follow-through.

4. DISCUSSION

4.1. *Level of OSH Compliance with National Standards*

The first research question asked about the level of compliance of the office's Occupational Safety and Health practices with national regulatory standards. The results show that the PGSO had a generally High level of compliance across the six OSH constructs. This means that OSH practices were already present in the office and were generally aligned with the intent of Republic Act No. 11058, the DOLE Occupational Safety and Health Standards, DOLE Department Order No. 198-18, and the CSC-DOH-DOLE Joint Memorandum Circular No. 1, series of 2020. However, the findings also show that compliance was not equally strong across all areas. The office was stronger in visible and routine practices than in areas that required written access, formal documentation, and sustained monitoring.

OSH Policy and Organizational Support. This construct received a High mean score, which shows that employees recognized management support, staff meeting discussions, safety communication, and the presence of a Safety Officer or OSH Committee. However, the written and accessible OSH policy received the lowest individual rating. This result gives the construct a deeper meaning. It shows that employees may follow safety practices because these are discussed, reminded, or supervised, but not always because they have direct access to the written policy. In a public office, this is important because policy should not only exist as a compliance document. It should be visible, readable, and useful to the employees who are expected to follow it. The finding therefore points to the need to move from informal reminders to a documented and commonly understood OSH policy system.

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Workplace Safety and Risk Control. This construct also received a High rating. Employees recognized the presence of clear walkways, safety locks, lighting, ventilation, and safety inspections. These findings show that the office had practical safety controls that helped reduce everyday workplace risks. However, the result should not be read as complete readiness. Physical safety measures are useful only when they are regularly checked, clearly explained, and properly used. The finding suggests that the office should continue strengthening inspection routines, hazard monitoring, and employee guidance so that workplace safety is not limited to visible controls, but becomes a regular part of office practice.

Training and Awareness Programs. This construct received one of the stronger ratings among the six areas. Employees reported awareness of emergency equipment, disaster procedures, and hazard identification. This indicates that training and safety information were already present in the office. Still, the interviews showed that training must be understood as more than attendance or one-time orientation. Some employees may remember safety rules only when reminded, and not all may attend briefings regularly. For this reason, the value of training depends on continuity, participation, and practical application. A strong OSH training program should help employees form safety habits that they can apply even without direct supervision.

Provision and Utilization of Personal Protective Equipment. The PPE construct was rated High, which shows that employees generally use safety gear when needed and that damaged items are replaced. However, job-based PPE issuance received a relatively lower score within the construct. This means that PPE compliance should not be measured only by whether employees wear protective equipment. It should also consider whether the PPE is correct for the task, complete, comfortable, properly fitted, and available when needed. This finding supports a task-based PPE system where the office identifies the PPE required for each type of work and monitors its use and replacement.

Incident Reporting and Emergency Preparedness. This construct received a High rating, but it was the lowest among the six constructs. The results show that employees were more confident in emergency response than in incident reporting and recordkeeping. This is an important distinction. Emergency drills, evacuation routes, and response training help the office act during emergencies. Incident reports and near-miss records help the office learn after an event and prevent the same problem from happening again. If minor incidents are not reported, the office may miss early warning signs. The finding therefore shows that emergency preparedness must be matched with a clear and no-blame reporting system.

Health and Welfare Facilities. This construct obtained the highest overall mean. Employees gave very high ratings to access to basic medical assistance and clean drinking water. These results show that the office provides visible and useful welfare support. However, mental health consideration received the lowest score within the construct. This means that employee welfare was stronger in physical and visible services than in less visible forms of support, such as stress management, emotional well-being, and psychosocial care. A complete OSH system

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should protect employees not only from physical harm, but also from conditions that may affect morale, attendance, performance, and quality of public service.

Based on the first research question, the results show that PGSO was generally compliant with national OSH standards, but the quality of compliance varied across constructs. The strongest areas were those that employees could easily see and use. The weaker areas were those that required institutional systems, such as written policy access, documentation, reporting, monitoring, and deeper employee understanding. This means that the office had an existing foundation for OSH compliance, but fuller compliance requires stronger institutionalization.

4.2. Primary Challenges in OSH Implementation

The second research question asked about the primary challenges in implementing effective Occupational Safety and Health measures. The qualitative findings show that the main challenges were not caused by a total absence of OSH practices. Rather, the challenges came from uneven implementation, limited policy visibility, irregular participation, incomplete documentation, and weak follow-through in some areas. This explains why the survey results were generally positive while the interviews still revealed important gaps in actual workplace experience.

The first challenge was weak access to the written OSH policy. This challenge is central because it affects how employees understand their safety duties. When safety information is mostly communicated through verbal reminders, employees may still comply, but their compliance becomes dependent on who reminds them, how often reminders are given, and how clearly the message is delivered. This makes safety practice less stable. A written and accessible policy can help make expectations clear, consistent, and easier to check.

The second challenge was the gap between visible safety measures and practical readiness. Employees could identify safety tools, signs, and equipment, but some were not fully confident in using them. This finding shows that availability alone is not enough. Safety tools must be supported by demonstrations, drills, inspection records, and simple instructions. Without practice, employees may know that safety equipment exists but may hesitate or respond incorrectly during an actual emergency.

The third challenge was uneven participation in safety training and awareness activities. Training was present, but the interviews showed that not all employees attended briefings regularly and that some followed procedures only when reminded. This affects the strength of safety culture. A safety culture becomes stronger when employees do not only know the rules, but also apply them as part of their normal work behavior. This requires regular orientation, refresher sessions, make-up training, and simple checks of learning.

The fourth challenge was the suitability and management of PPE. PPE was generally available, but the findings showed that it was not always complete or fully matched to the work being done. This is a practical concern because the wrong PPE may create the appearance of compliance without providing full protection. For PPE to be meaningful, the office must link

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each item to the actual risks of the task, monitor its use, replace damaged items, and keep clear inventory records.

The fifth challenge was weak incident reporting and recordkeeping. The office appeared more prepared to respond to emergencies than to document incidents and near misses. This limits learning because reports are the evidence used to identify repeated hazards, weak controls, and needed corrective actions. A reporting system should therefore be simple, familiar, and no-blame so that employees will report not only serious accidents, but also minor incidents and near misses.

The sixth challenge was the limited visibility of mental health and wellness support. Employees recognized medical assistance and clean drinking water, but mental health was less openly discussed. This shows that welfare programs should not focus only on physical facilities. Public offices also need programs that address stress, workload pressure, emotional well-being, and referral support. These concerns may be less visible, but they can affect employee safety, attendance, morale, and service delivery.

Based on the second research question, the study shows that effective OSH implementation depends on turning existing practices into a consistent office system. The office already has several OSH practices in place, but their impact can be weakened when policies are not easy to access, training is not sustained, PPE is not task-based, incidents are not recorded, and mental health support is not visible. The discussion therefore points to one main direction: OSH in the PGSO should move from basic compliance to institutionalized practice, where safety is documented, understood, monitored, and applied by all employees as part of regular public service work.

5. CONCLUSION

5.1. Conclusion on OSH Compliance with National Standards

The first research question asked about the level of compliance of the office's Occupational Safety and Health practices with national regulatory standards. The study concludes that the Provincial Government of Camarines Sur - General Services Office had a generally High level of OSH compliance. All six constructs were rated High, with Health and Welfare Facilities obtaining the highest mean and Incident Reporting and Emergency Preparedness obtaining the lowest mean among the constructs.

This level of compliance shows that the office already had important OSH practices in place, including policy support, workplace controls, safety training, PPE use, emergency preparedness, and employee welfare services. However, the findings also show that compliance was uneven. The office was stronger in visible and routine practices, such as medical assistance, drinking water, emergency equipment awareness, PPE use, and clear walkways. It was less strong in areas that required formal systems, especially written policy access, incident reporting, recordkeeping, job-based PPE matching, and mental health support.

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The study therefore concludes that the PGSO meets the general expectations of national OSH standards, but the quality of compliance still needs to be strengthened. Full compliance should not be measured only by high mean scores. It should also be measured by how well employees can access policies, understand procedures, report incidents, use correct PPE, and experience consistent welfare support in daily work.

5.2. Conclusion on OSH Implementation Challenges

The second research question asked about the primary challenges in implementing effective Occupational Safety and Health measures. The study concludes that the main challenges were weak visibility of the written OSH policy, uneven participation in safety activities, limited practical readiness, incomplete job-based PPE provision, weak reporting and recordkeeping, and less visible mental health support.

These challenges show that the issue was not simply the lack of OSH practices. The deeper concern was the uneven institutionalization of those practices. Some employees complied because of reminders, routine, supervisor instruction, or visible safety tools. This kind of compliance can be useful in daily work, but it may not be stable enough when written guidance, documentation, monitoring, and employee understanding are weak.

The study therefore concludes that effective OSH implementation in the PGSO requires a stronger system of policy communication, practical training, regular inspection, task-based PPE management, no-blame incident reporting, and wider employee welfare support. When these areas are improved, OSH can move from basic compliance to a more consistent safety culture that protects employees and supports reliable public service.

6. PRACTICAL IMPLICATIONS AND RECOMMENDATIONS

The findings have direct implications for local government management. They show that OSH should not only be treated as a legal requirement or an activity done during inspections and emergencies. It should be part of regular governance, planning, supervision, documentation, and employee welfare. Based on the findings, the following recommendations are proposed:

1. Institutionalize a written and accessible OSH policy. The PGSO, through the OSH Committee and in coordination with the Provincial Human Resource Management Office, should prepare a simple office-specific OSH guide. The guide should explain safety rules, employee duties, reporting steps, emergency procedures, PPE requirements, and responsible personnel. It should be posted in visible areas, shared through official digital platforms, included in orientation, and discussed during staff meetings.
2. Include OSH in regular planning and budgeting. The PGSO Management, OSH Committee, Provincial Budget Office, Planning Office, and Human Resource Management Office should prepare an annual OSH plan with clear budget support. The budget should cover

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Safety Officer training, OSH Committee capacity-building, PPE procurement and replacement, safety signage, emergency drills, inspection tools, first-aid supplies, incident reporting forms, and mental health-related activities.

3. Strengthen workplace inspection and risk monitoring. The OSH Committee and section supervisors should conduct quarterly documented inspections using a standard checklist. The checklist should cover walkways, exits, electrical systems, equipment safety, ventilation, lighting, sanitation, fire safety equipment, PPE use, and other hazards. Findings should be recorded in a risk register with corrective action, responsible person, and target completion date.

4. Adopt mandatory and practical OSH training. The PGSO Management and Training Unit should conduct yearly OSH orientation, refresher sessions, hazard identification training, fire extinguisher demonstrations, evacuation practice, PPE use, and emergency response drills. Attendance, post-training checks, and simple practical demonstrations should be documented to show that employees understood and can apply what they learned.

5. Establish a job-based PPE management system. The Safety Officer, section supervisors, and supply/property personnel should create a PPE matrix that identifies the required PPE for each task, work assignment, or job classification. PPE issuance, replacement, and inspection should be recorded. Supervisors should also verify the correct use of PPE during actual work.

6. Create a simple and no-blame incident reporting system. The PGSO Management and OSH Committee should use a standard incident and near-miss report form. Employees should know what to report, where to report, whom to report to, and why even minor incidents and near-misses matter. Reports should be reviewed monthly or quarterly to identify repeated risks and corrective actions.

7. Expand employee welfare programs to include mental health support. The PGSO and the Provincial Human Resource Management Office should include stress management, mental health awareness, wellness breaks, counseling referral information, and employee support activities in the annual welfare program. These activities should be discussed openly so employees understand that OSH includes both physical safety and emotional well-being.

8. Integrate OSH into the LGU performance and accountability system. OSH indicators should be included in office targets, section work plans, accomplishment reports, management review meetings, and employee development programs. Suggested indicators include policy orientation coverage, inspection completion rate, training attendance, PPE compliance rate, incident reporting rate, corrective action completion, and wellness activity participation.

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7. LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

This study was limited to one provincial government office. Its findings are useful for understanding OSH implementation in the PGSO, but they should not be generalized to all government offices without caution. The study also relied on employee survey responses and interviews, which reflect perceptions and experiences at the time of data collection. It did not include financial audits, medical records, long-term health outcomes, or direct technical safety inspection by an external agency.

Future studies may compare OSH implementation across several local government offices or provinces. They may also examine the relationship between policy access, training participation, incident reporting, and actual safety behavior using additional statistical tests. A follow-up study may also evaluate whether an improved OSH policy guide, reporting system, or training program leads to stronger compliance over time.

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